

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>08/03/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>68688</i>	<i>9/13/2000</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N ~~N~~ected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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